BEST AVAILABLE COPY

								A ^r	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001									10 I	\$0 0	15 50	9 8 C	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								IALL EN	шт ү	OR	OTHER SMALL		
TOTAL CLAIMS			34				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		B/	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			ろ i ∢ninus 20=		.14			X\$ 9=		OR	X\$18=	252	
INDEPENDENT CLAIMS			პ minus 3 =		•			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							Ŀ	TOTAL		OR	TOTAL	96, 2	
CLAIMS AS AMENDED - PART II										^_	OTHER	THAN	
*	13-04	(Column 1)		(Colu		(Column 3)		SMALL		OR 1	SMALL		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 34	Minus	## B	54	•		X\$ 9=		OR	X\$18=		
AME	Independent	· 3'	Minus	***	<u> </u>	-		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. +140=		OR	+280=		
							L.	TOTAL		OR	TOTAL ADDIT, FEE		
11	1 2 -0 5 (Column 1) (Column 2) (Column 3)								<u> </u>	J -	ADDII. PEE		
<u></u>		CLAIMS		HIGI	HEST MBER		1 [ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
NO.	Total	. 31	Minus	**	34	=		X\$ 9=		OR	X\$18=		
AME	Independent	• 3	Minus	***	3	-	Įſ	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا ا	+140=		OR	+280=		
							A	TOTAL ODIT. FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING			HEST MBER	PRESENT	Т		ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREV	OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		=] [X42=		1 _{OR}	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	·		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR		ļ	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		nber Previously Pa					er foun	d in the ap	propriate b	ox in c	olumn 1.		